Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	003376	A. BUILDING _____ B. WING _____	02/21/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIPTON HOUSE	460 FORKS OF THE WABASH WAY HUNTINGTON, IN 46750

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey Dates: February 20 and 21, 2013 Facility Number: 003376 Provider Number: 003376 AIM Number: N/A Survey Team: Toni Maley, BSW, TC Linn Mackey, RN Census Bed Type: Residential: 28 Total: 28 Census Payor Type: Other: 28 Total: 28 Sample:7 Tipton House was found to be in compliance with 410. IAC 16.2-5 in regard to the State Residential Licensure Survey. Quality review completed on February 25, 2013 by Randy Fry RN.	R 000		